

<i>SERFF Tracking Number:</i>	<i>TRVA-125678879</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>The Travelers Home and Marine Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-06-0007</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Homeowners</i>		
<i>Project Name/Number:</i>	<i>Homeowners/2008-06-0007</i>		

Filing at a Glance

Companies: The Travelers Home and Marine Insurance Company, Travelers Commercial Insurance Company

Product Name: Homeowners

SERFF Tr Num: TRVA-125678879 State: Arkansas

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Co Tr Num: 2008-06-0007

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi

Author: Ann Lavorgna

Disposition Date: 06/04/2008

Date Submitted: 06/03/2008

Disposition Status: Approved

Effective Date Requested (New): 06/27/2008

Effective Date (New): 06/27/2008

Effective Date Requested (Renewal):

Effective Date (Renewal): 06/27/2008

State Filing Description:

General Information

Project Name: Homeowners

Status of Filing in Domicile:

Project Number: 2008-06-0007

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 06/04/2008

State Status Changed: 06/04/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Form Revision

Company and Contact

Filing Contact Information

SERFF Tracking Number: TRVA-125678879 State: Arkansas
First Filing Company: The Travelers Home and Marine Insurance State Tracking Number: EFT \$50
Company, ...
Company Tracking Number: 2008-06-0007
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Homeowners
Project Name/Number: Homeowners/2008-06-0007

Ann Lavorgna, Regulatory Analyst AJLAVORG@travelers.com
One Tower Square (860) 277-5466 [Phone]
Hartford, CT 06183 (860) 277-5204[FAX]

Filing Company Information

The Travelers Home and Marine Insurance CoCode: 27998 State of Domicile: Connecticut
Company
One Tower Square Group Code: 3548 Company Type: Property/Casualty
Hartford, CT 06183 Group Name: State ID Number:
(860) 277-7395 ext. [Phone] FEIN Number: 35-1838079

Travelers Commercial Insurance Company CoCode: 36137 State of Domicile: Connecticut
One Tower Square Group Code: 3548 Company Type: Property/Casualty
Hartford, CT 06183 Group Name: State ID Number:
(860) 277-7395 ext. [Phone] FEIN Number: 06-1286268

SERFF Tracking Number:	TRVA-125678879	State:	Arkansas
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Company Tracking Number:	2008-06-0007		
TOI:	04.0 Homeowners	Sub-TOI:	04.0000 Homeowners Sub-TOI Combinations
Product Name:	Homeowners		
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Endorsement Filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Travelers Home and Marine Insurance Company	\$50.00	06/03/2008	20640171
Travelers Commercial Insurance Company	\$0.00	06/03/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	06/04/2008	06/04/2008

SERFF Tracking Number:	TRVA-125678879	State:	Arkansas
First Filing Company:	The Travelers Home and Marine Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	2008-06-0007		
TOI:	04.0 Homeowners	Sub-TOI:	04.0000 Homeowners Sub-TOI Combinations
Product Name:	Homeowners		
Project Name/Number:	Homeowners/2008-06-0007		

Disposition

Disposition Date: 06/04/2008
Effective Date (New): 06/27/2008
Effective Date (Renewal): 06/27/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>TRVA-125678879</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>2008-06-0007</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Homeowners</i>		
<i>Project Name/Number:</i>	<i>Homeowners/2008-06-0007</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Revised	Approved	Yes
Form	New	Approved	Yes

SERFF Tracking Number: TRVA-125678879 State: Arkansas

First Filing Company: The Travelers Home and Marine Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: 2008-06-0007

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: Homeowners

Project Name/Number: Homeowners/2008-06-0007

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Revised	HO-208	(06-06)	Endorsement/Amendment/Conditions	Replaced Form #: Previous Filing #:		HO208F08_0606tracked.pdf
Approved	New	HO-208	(06-08)	Endorsement/Amendment/Conditions	Replaced Form #:49.50 Previous Filing #:		HO208F08.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW

A. Coverage

We insure, up to the limit of liability shown in the Declarations for this coverage, for direct physical loss, not caused by the negligence of an "insured", to property covered under Section I caused by water, or water-borne material, which:

1. Backs up through sewers or drains; or
2. Overflows or is discharged from a:
 - a. Sump, sump pump; or
 - b. Related equipment;
 even if such overflow or discharge results from mechanical breakdown. This coverage does not apply to direct physical loss of the sump pump, or related equipment, which is caused by mechanical breakdown.

This coverage does not increase the limits of liability for Coverages A, B, C, or D stated in the Declarations.

B. Section I - Perils Insured Against

With respect to the coverage described in A. above, Paragraph:

2.c.(6)(b) in Forms **HO-3** and **HO-6**, **1.c.(5)(b)** in Form **HO-15**, **3.i.(2)** in Forms **HO-84** and **HO-415** and **A.3.e.(2)** in Forms **HO-86** and **HO-615**; ~~and **3.j.(2)** in Form **HO-84**;~~

is deleted and replaced by the following;

Latent defect, inherent vice, or any quality in property that causes it to damage or destroy itself;

C. Section I - Exclusions

3. Water Damage, Paragraph b. is deleted and replaced by the following:

~~3. Water Damage, meaning:~~

~~a. Flood, surface water, waves, tidal water, overflow of a body of water, or spray from any of these, whether or not driven by wind;~~

b. Water, or water-borne material, which:

- (1) Backs up through sewers or drains; or
- (2) Overflows or is discharged from; a sump, sump pump or related equipment;

as a direct or indirect result of flood; ~~or~~

~~c. Water, or water-borne material, below the surface of the ground, including water which:~~

~~(1) Exerts pressure on; or~~

~~(2) Seeps or leaks through;~~

~~a building, sidewalk, driveway, foundation, swimming pool or other structure;~~

~~caused by or resulting from human or animal forces or any act of nature.~~

~~Direct loss by fire or explosion resulting from water damage is covered.~~

All other provisions of this policy apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW

A. Coverage

We insure, up to the limit of liability shown in the Declarations for this coverage, for direct physical loss, not caused by the negligence of an "insured", to property covered under Section I caused by water, or water-borne material, which:

1. Backs up through sewers or drains; or
2. Overflows or is discharged from a:

- a. Sump, sump pump; or
- b. Related equipment;

even if such overflow or discharge results from mechanical breakdown. This coverage does not apply to direct physical loss of the sump pump, or related equipment, which is caused by mechanical breakdown.

This coverage does not increase the limits of liability for Coverages **A**, **B**, **C**, or **D** stated in the Declarations.

B. Section I - Perils Insured Against

With respect to the coverage described in **A**. above, Paragraph:

2.c.(6)(b) in Forms **HO-3** and **HO-6**, **1.c.(5)(b)** in Form **HO-15**, **3.j.(2)** in Forms **HO-84** and **HO-415** and **A.3.e.(2)** in Forms **HO-86** and **HO-615**;

is deleted and replaced by the following;

Latent defect, inherent vice, or any quality in property that causes it to damage or destroy itself;

C. Section I - Exclusions

3. Water Damage, Paragraph **b.** is deleted and replaced by the following:

b. Water, or water-borne material, which:

- (1) Backs up through sewers or drains; or
- (2) Overflows or is discharged from; a sump, sump pump or related equipment;

as a direct or indirect result of flood; or

All other provisions of this policy apply.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	06/04/2008
Comments:				
Attachments:				
TD-1.pdf				
PC FFS-1.pdf				

Property & Casualty Transmittal Document

**1. Reserved for Insurance
Dept. Use Only****2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

3. Group Name

Travelers

Group NAIC #

3548

4. Company Name(s)**Domicile****NAIC #****FEIN #****State #**

The Travelers Home and Marine Ins. Co.

CT

3548-27998

35-1838079

Travelers Commercial Ins. Co.

CT

3548-36137

06-1286268

5. Company Tracking Number

2008-06-0007

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Ann Lavorgna One Tower Square Hartford, CT 06183	Regulatory Analyst	(860) 277-5466	(860) 277-5204	AJLAVORG@travelers.com
	One Tower Square Hartford, CT 06183		(860) 277-	(860) 277-	

7. Signature of authorized filer

Ann Lavorgna

8. Please print name of authorized filer

Ann Lavorgna

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Homeowners
10. Sub-Type of Insurance (Sub-TOI)	Homeowners
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Quantum Homeowners
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: June 27, 2008 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	June 3, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	2008-06-0007
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Form Revision
Effective June 27, 2008
The Travelers Home and Marine Insurance Company
Travelers Commercial Insurance Company

Revisions are being made to the HO-208 (06-06) Water Back Up and Sump Discharge or Overflow endorsement. The proposed endorsement, HO-208 (06-08) will eliminate redundancies and clarify the coverage provided by the endorsement.

The proposed change has no premium impact to policies with the HO-208 (06-06) endorsement.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: Amount:</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		2008-06-0007		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Water Back Up and Sump Discharge or Overflow	HO-208 (06-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	HO-208 (06-06)	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		